Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	ipaign Statement er Page		AM 7: 19	COVERPAGE CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period 01/01/2013 from 06/30/2013	Date of election if applicable: (Month, Day, Year)		For Official Use Only
State Candidate Election Committee     Recall     (Also Complete Part 5)      General Purpose Committee     Sponsored     Small Contributor Committee	omplete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure  Committee  Controlled  Sponsored  (Viso Complete Part 1)  Officeholder Committee  (Viso Complete Part 1)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Speci	terly Statement al Odd-Year Report demental Preelection ment - Attach Form 495
7 Committee Intermetion	ODE AREA COOE/PHONE 82 818-517-3928	Treasurer(s)  NAME OF TREASURER  TALINE ARSENIAN  MAILING ADDRESS  241 W. DRYĐEN ST. UNIT D  CITY  GLENDALE  NAME OF ASSISTANT TREASURER, IF AN	STATE ZIP CO CA 91200	
CETY STATE ZIP CO	ODE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CO	DE AREA CODE/PHONE
4. Verification I have used all reasonable difigence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Date  Executed on	g this statement and to the best of my lonia that the foregoing is true and correct.  By  By  Signature (Co.	owledge the information contained here in and in  Signatured Treasurer or Assistant Treasurer  Matter Additional Contained Here in and in	ponsible Officer of Sporsor	es is true and complete. I certify

Ø
249
818
BS
TEACHERS
FROM: GLENDALE
16:15
JUL-30-2013

Rec	ipie	nt C	om	ımit	tee
Can					
Cov					

Type or print in ink.

COVER PAGE-PART 2

CALIFORNIA 460

FORM 2 of 5

NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
NAYIRI NAHABEDIAN							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				BALLOT NO. OR LETTER JURISDICTION		TON	SUPPORT OPPOSE
GLENDALE UNIFIED SCHOOL BO							1
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	W-17 - 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10	STATE ZIP		Identify the controlling of	fficeholder, c	andidate, or state measu	re proponent if an
400 W. CALIFORNIA AVE UNIT 309 GLENDALE CA 91203				NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
				TOTAL OF O TROUBLES, OF		THOI OHEN	
Related Committees Not Included not included in this statement that are contributions or make expenditures on behi-	rolled by you or are prim			CFFICE SOUGHT CR HELD		DISTRICT	IO. IF ANY
COMMITTEE NAME	LD, NUM	BER			7-		
					Let L		
			7.	Primarily Formed Car	ndidate/Offi	ceholder Committee	List names of
NAME OF TREASURER		LLED COMMITTEE?	7.	<ul> <li>Primarily Formed Car officeholder(s) or candidate</li> </ul>			
	☐ YE		7.		(s) for which the		ormed.
			7.	officeholder(s) or candidate	(s) for which the	is committee is primarily i	ormed.
COMMITTEE ADDRESS STREET ADDRE	☐ YE		7.	officeholder(s) or candidate	(s) for which the	OFFICE SOUGHT OR HE	D SUPPORT DPPOSE
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)	s □ NO	7.	officeholder(s) or candidate	(s) for which the	is committee is primarily i	D SUPPORT OPPORE
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)  ATE ZIP CODE	S NO  AREA CODE/PHONE	7.	officeholder(s) or candidate	(s) for which the	OFFICE SOUGHT OR HE	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)	S NO  AREA CODE/PHONE	7.	officeholder(s) or candidate	(s) for which the Candidate Candidate	OFFICE SOUGHT OR HE	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	ESS (NO RO. BOX)  ATE ZIP CODE	S NO  AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	(s) for which U  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	ESS (NO RO. BOX)  ATE ZIP CODE  LD. NUMI  CONTRO	AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR	(s) for which U  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	ESS (NO RO. BOX)  ATE ZIP CODE  I.D. NUMI	AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	(s) for which U  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT
COMMITTEE ADDRESS STREET ADDRESS  COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	ESS (NO RO. BOX)  ATE ZIP CODE  LD. NUMI  CONTRO	AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	(s) for which U  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded
to whole dollars.

		COMMENTALIANDE
Statement covers period 01/01/2013		CALIFORNIA 460
from	06/30/2013	Page 3 of 5
	100	LD, NUMBER

SUBBLADVDAGE

NAME OF FILER NAYIRI NAHABEDIAN COMMITTEE 11293449 Column A Column B Calendar Year Summary for Candidates Contributions Received FOTAL "HIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and **FOTAL TO DATE** General Elections 1/1 through 6/30 7/1 to Date 3.000 20. Contributions Received 4. Nonmonetary Contributions ...... Schedule C. Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3+4 S \_\_\_\_\_ Expenditures Made Expenditure Limit Summary for State 141 Candidates 22. Cumulative Expenditures Made\* 0 (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 0 (mm/dd/yy) Current Cash Statement 740 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_\_\_\_\_\_ To calculate Column B. add amounts in Column A to the corresponding amounts 0 \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ......................... Schedule i, Line 4 from Column B of your last reported in Column B. report. Some amounts in 141 Column A may be negative 599 figures that should be 16. ENDING CASHBALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 S \_\_\_\_ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year only 17. LOAN GUARANTEES RECEIVED ...... Schedule 6, Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ \_\_\_\_\_

3,000

FPPC Form 450 (January/05) FPPC Toll-Fres Helpline: 865/ASK-FPPC (865/275-3772) Schedule B - Part 1

I cans Received

NDING AMOUNT AMOUN OR FOR PERIOD THIS POPULATION OF FOR THIS POPULATION OF FOR THIS POPULATION OF FOR THIS POPULATION OF FOR THIS POPULATION OF TH	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD  1,000	200 Processing 100 Vinc
RECEIVED THIS PERIOD SHIP PAID  \$	ERIOD* BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS
RECEIVED THIS PERIOD SHIP PAID  \$	ERIOD* BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS
\$FORG	,1,000	
		RATE
	DATEDUE	•
□ PAD  5 □ FORG		
	DATEBUE	5
\$ \$ \$	SIVEN SATE DUE	PATE 3
ALS \$	\$ 3,000	5
		(Erdenie) on Schedule E. Line
•	. 0	
	0	
	\$	\$\$0

Type or print in ink.

Amounts may be rounded

to whole dollars.

SCHEDULE B-PART 1

(2)

CUMULATIVE

CONTRIBUTIONS

TODATE CALENDARYEAR

PER ELECTION\*\*

CALENDAR YEAR

PER ELECTION\*\*

CALENDAR YEAR

PERELECTION\*\*

FORM Page

CALIFORNIA

J.D. NUMBER

ORIGINAL

AMOUNTOF

LOAN

12/28/09 DATE INCURRED

1,500

2,000

01/18/11 DATE INCUFRED

DATE INCURRED

Statement covers period

1293449

COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)

†Contributor Codes IND-Individual

PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER NAYIRI NAHABEDIAN COMMITTEE	Type or prin Amounts may to whole i	be rounded	Statement covers period 01/01/2013	CALIFORNIA 460 FORM 5 of 5 LD. NUMBER 1293449
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain roomonelary)* CVC divide donations Fit. candidate filing/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings	MBR member cor MTG meetings at OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	ortwinications and appearances anses ulating s	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, TSF transfer between committee	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OF COAMITTEE, ALSO ENTER LA NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures  Schedule E Summary	must also be summ	narized on Schedule D.	SU	BTOTAL\$ G
1. Itemized payments made this period. (Include all Schedule	E subtotals.)			
2. Unitermized payments made this period of under \$100	*********************		***************************************	
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column (e).)		
4. Total payments made this period. (Add Lines 1, 2, and 3. E	inter here and on	the Summary Page, Colu	mn A, Line 6.) TO	TAL \$141